

<b>Issue Classification</b>				Application No.	Applicant(s)	
				09/754,988	PALUMBO ET AL.	
				Examiner	Art Unit	
				Callie E. Shosho	1714	

ORIGINAL			CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
524	555	524	556	557				
INTERNATIONAL CLASSIFICATION			523	160				
C	0	8	L	79/00				
C	0	8	L	33/02				
C	0	8	L	33/08				
C	0	8	L	29/04				
C	0	8	L	79/02				

(Assistant Examiner) (Date)

*J. Middletons* 11/24/03

(Legal Instruments Examiner) (Date)

Callie Shosho  
Primary Examiner  
TC 1700, AU 1714

*Callie Shosho* 11/24/03

(Primary Examiner) (Date)

Total Claims Allowed: 27

O.G. Print Claim(s)	O.G. Print Fig.
30	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original O	Final	Original O	Final	Original O	Final	Original O
2	1	21	31	61	91	121	151
—	2	22	32	62	92	122	152
—	3	23	33	63	93	123	153
—	4	25	34	64	94	124	154
3	5	26	35	65	95	125	155
4	6	—	36	66	96	126	156
5	7	—	37	67	97	127	157
—	8	24	38	68	98	128	158
6	9	27	39	69	99	129	159
7	10	—	40	70	100	130	160
8	11	—	41	71	101	131	161
9	12	—	42	72	102	132	162
10	13	—	43	73	103	133	163
11	14	—	44	74	104	134	164
12	15	—	45	75	105	135	165
13	16	—	46	76	106	136	166
14	17	—	47	77	107	137	167
15	18	—	48	78	108	138	168
—	19	—	49	79	109	139	169
—	20	—	50	80	110	140	170
16	21	—	51	81	111	141	171
17	22	—	52	82	112	142	172
18	23	—	53	83	113	143	173
19	24	—	54	84	114	144	174
20	25	—	55	85	115	145	175
—	26	—	56	86	116	146	176
—	27	—	57	87	117	147	177
—	28	—	58	88	118	148	178
—	29	—	59	89	119	149	179
1	30	—	60	90	120	150	180

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ORIGINAL				CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
524	555						
INTERNATIONAL CLASSIFICATION							
C	0	9	D	11/02			
				/			
				/			
				/			
				/			
(Assistant Examiner) (Date)				Callie Shosho Primary Examiner TC1700, AU 1714 <i>Callie Shosho 11/24/03</i> (Primary Examiner) (Date)			
(Legal Instruments Examiner) (Date)						Total Claims Allowed: 27	
				O.G. Print Claim(s)	O.G. Print Fig.		
				30	-		

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.147	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
211	241	271	301	331	361	391	421	451	481
212	242	272	302	332	362	392	422	452	482
213	243	273	303	333	363	393	423	453	483
214	244	274	304	334	364	394	424	454	484
215	245	275	305	335	365	395	425	455	485
216	246	276	306	336	366	396	426	456	486
217	247	277	307	337	367	397	427	457	487
218	248	278	308	338	368	398	428	458	488
219	249	279	309	339	369	399	429	459	489
220	250	280	310	340	370	400	430	460	490
221	251	281	311	341	371	401	431	461	491
222	252	282	312	342	372	402	432	462	492
223	253	283	313	343	373	403	433	463	493
224	254	284	314	344	374	404	434	464	494
225	255	285	315	345	375	405	435	465	495
226	256	286	316	346	376	406	436	466	496
227	257	287	317	347	377	407	437	467	497
228	258	288	318	348	378	408	438	468	498
229	259	289	319	349	379	409	439	469	499
230	260	290	320	350	380	410	440	470	500
231	261	291	321	351	381	411	441	471	501
232	262	292	322	352	382	412	442	472	502
233	263	293	323	353	383	413	443	473	503
234	264	294	324	354	384	414	444	474	504
235	265	295	325	355	385	415	445	475	505
236	266	296	326	356	386	416	446	476	506
237	267	297	327	357	387	417	447	477	507
238	268	298	328	358	388	418	448	478	508
239	269	299	329	359	389	419	449	479	509
240	270	300	330	360	390	420	450	480	510